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REMARKS

Claims 9, 12-15 and 18-30 have been rejected under 35 U.S.C. 102(e) as being anticipated by Rensimer et al. (U.S. patent 6,154,726). That rejection is respectfully traversed and reconsideration is requested.

The present invention is directed to a handheld processing device which assists physicians in making their rounds and recording patient information including billing information. As illustrated in Fig. 3, the selection of a next patient within the physician's rounds can be facilitated by providing a patient list. That list may include an indication of a patient's location within the hospital and an indication of whether the patient has been seen on that day. As recited in claims 24-30, it is particularly helpful to have the patient list sorted by the patient location. With a list thus sorted, the physician can save time in his rounds by simply following the list from top to bottom.

With reference to Figure 3A of Rensimer et al., the Examiner has considered the patient detail data to be a list. To the contrary, a list is a "series of words, numbers, names etc.," *The New International Webster's Comprehensive Dictionary of the English Language, Encyclopedic Edition*, Trident Press International, Florida, 2003, pg. 743. The data included in Fig. 3A is not a series, but rather separate data items for a particular patient. To further clarify the distinction, the claims have been amended to recite the patient list as being "of multiple patients." For example, Figure 3 of the present application is a list of multiple patients. Further, the list illustrated in Fig. 3 includes patient locations in the hospital and an indication of whether each patient has been seen that day.

The Rensimer et al. reference does not suggest a patient list of multiple patients as recited in each claim. More particularly with respect to claims 24-30 there is no suggestion of sorting such a list by patient location in the hospital.

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The Examiner states that the display of Figure 3A in Rensimer, et al. indicates whether the patient has been seen with reference to "admitted: 1/25/1994." First, an indication of admission to the hospital is not an indication of whether a patient has been seen by the physician. More significantly, and as the claims have now been amended, it is not an indication of whether a patient on the list has been seen that day. The Examiner also indicates that Figure 3A displays a patient location in a hospital, citing "hospital: hil." The data field hospital in Fig. 3A is presumably an indication of the hospital in which the patient is located, not a location in the hospital. Further, the information is not part of a patient list.


With respect to the limitation of claim 9 of "flagging billing code guideline changes to warn the physician to check new updated guidelines associated with billing codes," the Examiner has referred to pop-up windows in Rensimer et al. It is respectfully submitted that there is no suggestion in Rensimer et al. of there being any guideline changes or of any warning to a physician to check updated guidelines. The pop-up windows of Rensimer et al. would give no indication to the physician that there had been changes to standard guidelines.

CONCLUSION

In view of the above amendments and remarks, it is believed that all claims are in condition for allowance, and it is respectfully requested that the application be passed to issue. If the Examiner feels that a telephone conference would expedite prosecution of this case, the Examiner is invited to call the undersigned.

Respectfully submitted,

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